
Accreditation Report – Human Service Agency

Date of Review: August 24-27, 2020

Overall Score: 93.8%

REVIEW PROCESS:

Human Service Agency was reviewed by The Department of Social Services, Office of Accreditation and Licensure for adherence to the Administrative Rules of South Dakota (ARSD) on August 24-27, 2020. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Administrative and Client Case Record Findings
- Areas of Strengths
- Areas of Recommendations
- Areas Requiring a Plan of Correction
- Prior Areas Addressed in Previous Review
- Accreditation Results

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures and personnel files, the client case record scores, and an overall accumulative score. The level of accreditation status is based on the overall accumulative score.

AGENCY SUMMARY:

Human Service Agency (HSA) is a community mental health center located in Watertown, S.D. The agency also has offices located in Sisseton and Milbank, S.D. The agency is seeking to renew accreditation for both mental health (MH) and substance use disorder services (SUD). Mental health services the agency provides include: Child Youth and Family Services, Comprehensive Assistance with Recovery and Empowerment, and Outpatient Mental Health Services. HSA Substance Use Disorder services includes: Prevention, Outpatient, Residential, and Clinically Managed Detox. The mission of the Human Service Agency is to provide high quality human services that enable people to develop their fullest potential while maintaining the highest standard of ethical and fiscal responsibility. According to the Human Service Agency they employ a diverse, highly qualified work force and in accordance with the Human Service Agency's commitment to developing an emotionally strong community, staff members are actively involved with civic organizations and local task forces that require professional input and feedback. This personal involvement enables the

Human Service Agency to gain insight and perspective with the social issues that may affect individual lives. The agency currently has three full time staff vacancies and employs around 70 behavioral health staff. The agency reports that 70% of their clientele are state funded and they also accept payments through insurance or private pay and are willing to provide payment plans for clients if needed. Human Service Agency staff meets weekly to discuss clients and treatment progress. The agency website offers a thorough and detailed list of resources available for the community.

INTERVIEW RESULTS:

Description: The Department of Social Services, Office of Accreditation and Licensure completes confidential interviews with consenting clients and staff of the agency as part of the accreditation process. The interviews are not a scored component of the accreditation review however the information obtained in the interviews is used for quality improvement of the agency.

Interviews were completed with both agency staff and clients. No concerns were noted in the interviews.

STAKEHOLDER SURVEY:

Description: The Division of Behavioral Health (DBH) collects Stakeholder Survey data once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with at least three stakeholders in their community. In addition, the DBH surveys the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies. The surveys are not a scored component of the accreditation review however the information obtained in the survey results is used for quality improvement of the agency.

Stakeholder results were sent out and collected over the past three years. Human Service Agency had had thirty-six total responses from stakeholders and no concerns were noted.

AREAS OF STRENGTHS:

Description: The following areas were identified as areas the agency demonstrated substantial competency to administrative rules.

1. According to 67:62:08:12, progress notes shall be included in the client's file and shall substantiate all services provided. In review of the mental health client files the progress notes assessment of client's functioning was detailed and individualized to each client.
2. According to 67:62:08:07 and 67:61:07:06, both MH and SUD treatment plans shall contain either goals or objectives, or both, that are individualized, clear, specific, and measurable in the sense that both the client and the staff can tell when progress has been made. The agency's treatment plans include clear, relevant, and measurable goals.
3. According to 62:08:08, treatment plans shall be reviewed in at least six-month intervals and updated if needed. Treatment plan reviews shall include a written review of any progress made toward treatment goals or objectives, significant changes to the treatment goals or objectives, and a justification for the continued need for mental health services. Human Service Agency accurately justifies the need for continued mental health services in their treatment plan reviews.
4. According to 67:61:07:07, the program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every:
 - (a) Two calendar days for:
 - (i) Clinically managed residential detoxification;
 - (b) 14 calendar days for:
 - (i) Early intervention services;
 - (ii) Intensive outpatient services;
 - (iii) Day treatment services; and
 - (iv) Medically monitored intensive inpatient treatment; and
 - (c) 30 calendar days for:
 - (i) Outpatient treatment program; and
 - (ii) Clinically managed low-intensity residential treatment.

Human Service Agency met required timelines for all levels of care for continued service criteria.

5. According to ARSD 67:61:07:12, a designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment and intensive outpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months:
 - a) Productive cough for a two to three-week duration;
 - b) Unexplained night sweats;
 - c) Unexplained fevers; or
 - d) Unexplained weight loss.

In review of the SUD client case records all charts contained a TB screen completed within 24 hours of admission.

AREAS OF RECOMENDATION:

Description: The following areas were identified as areas that the agency is recommended to review and ensure that the areas are corrected. The areas identified met minimum standards which would not require a plan of correction at this time however they are areas that if continued to be found on the next accreditation review could become future areas of non-compliance requiring a plan of correction.

1. According to ARSD 67:62:08:07, there should be evidence of the client or the client's parents or guardian's participation and meaningful involvement in the formulation of the treatment plan and is documented in the file. In review of CARE charts two out of two contained meaningful involvement. In review of the CYF charts seven out of eight contained meaningful involvement. In review of the outpatient charts zero out of three contained meaningful involvement. The agency should ensure all levels of care are including meaningful involvement from the clients.
2. According to ARSD 67:61:14:03, the program shall provide any combination of individual, group, or family counseling two or more times per week to each client participating in intensive outpatient treatment services. Each adult client shall be provided with a minimum of nine hours of these services per week. In review of the intensive outpatient treatment client case records, two out of ten clients did not receive the required minimum of nine hours of services per week.

AREAS REQUIRED FOR PLANS OF CORRECTION:

Description: The following areas will require a plan of correction to address the rules of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title

responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. According to ARSD 67:62:08:05 and integrated assessment shall contain eligibility determination for Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) criteria for mental health services. In review of CYF charts three out of eight charts did not contain eligibility determination for SED. In review of outpatient MH charts three out of five charts did not contain eligibility determination for SMI and one out of one chart contained eligibility determination for CARE clients. The agency should ensure all assessments contain eligibility criteria.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION:

Description: Human Service Agency was last reviewed by the Department of Social Services, Office of Accreditation and Licensure in June of 2017. During this last accreditation review two areas of recommendations and eight areas requiring a plan of correction were identified. During the current accreditation review the Human Service Agency resolved one out of the two areas of recommendations and four out of eight areas requiring a plan of correction. Due to five areas still found to be out of compliance on this current accreditation review the agency will be required to complete a new plan of correction on these same areas with division approval as well as proof of completion of the identified plan. The following areas found from the June of 2017 review that will require a new plan of correction:

1. According to ARSD 67:61:04:01 & 67:62:05:01, each MH and SUD agency shall have a policies and procedures manual to establish compliance with Administrative Rules and procedures for reviewing and updating the manual. Within the policy and procedure manual some of the policies still reference prior rules 46:05 and 46:20 and should be updated to reflect the new Administrative Rules in Articles 67:61 and 67:62 that went into effect in Dec 2016. The following policy was cited and not addressed:
 - a. Update policies and procedures to ensure compliance with the timelines for closure of inactive clients, or those clients who have had no contact by phone or in person with the agency, as required in ARSD 67:61:07:04 and 67:62:08:03. The Rules promulgated in December 2016 now define inactive clients and the timeframe in which case closure is needed.
2. According to ARSD 67:61:05:01, each new SUD staff, intern, and volunteer must receive the two-step method of tuberculin (TB) skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12-month period prior to the date of

employment can be considered a two-step or one TB blood assay test completed within a 12-month period prior to employment can be considered an adequate baseline test. (Skin testing or TB blood assay tests are not necessary if documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not necessary if documentation is provided of a previous position reaction to either test.) The staff/intern/volunteer must have 2 complete tests completed in within the 14 days of hire. Personnel files reviewed did not all have the TB tests documented within 14 days of hire.

3. According to ARSD 67:61:05:05 and 67:62:06:04, the agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment and document all elements of ARSD within the orientation process. Personnel records reviewed did not document all new employee orientation is completed within 10 working days of hire.
 - a. Update policies and procedures to ensure compliance with the timelines for closure of inactive clients, or those clients who have had no contact by phone or in person with the agency, as required in ARSD 67:61:07:04 and 67:62:08:03. The Rules promulgated in December 2016 now define inactive clients and the timeframe in which case closure is needed.
4. In review of the clinically managed residential detoxification charts (Level 3.2), charts were missing the information required at time of admission in compliance with ARSD 67:61:17:02. The following areas for observation and information was not recorded in the client's case records. It was noted by staff that a form was created, and the reviewers were not able to view this in the archived files:
 - Medication the client is currently taking, particularly sedative use, and medication carried by the client or found on the client's person.
 - Any symptoms of mental illness.
5. According to ARSD 67:61:07 and 67:62:08, case file documentation shall include staff signature and credentials. Throughout the electronic medical record, the charts reviewed were missing credentials with the staff signature on the integrated assessments, progress notes, and treatment plans. The agency should ensure these are included and viewable in the electronic record system.

ACCREDITATION RESULTS:

Administrative Review Score: 95.1%

Combined Client Chart Review Score: 93.6%

Cumulative Score: 93.8%

X	Three Year Accreditation (90%-100%)
	Two Year Accreditation (70%-89%)
	Probation (69% and below)